41% higher than their white counterparts, while the most-educated minorities had a rate 130% higher than their white correspondents. Moreover, the risk of neonatal mortality for the most-educated minorities, who had the lowest **minority** neonatal death rate, was greater than the risk for the least-educated whites, who had the highest **white** neonatal death rate. This pattern was true for 1970-74 but not for 1975-79 when the rate for the most-educated minorities was 4% below that for the least-educated whites.

Birthweight is an important factor contributing to neonatal death (14). Table 19 shows birthweight-specific neonatal mortality rates by race in the 1980-84 period. As birthweight improved, the death rates dropped significantly for each race group, a pattern evident in the 1970-74 and 1975-79 periods as well. Further, for births in the under-2500 gram groups minorities had lower neonatal death rates in the 1980-84 period than did whites, a fact documented for previous years in other SCHS publications (15). However, in the past 10 years this favorable minority position has eroded in the under-2500 gram groups, especially in the lowest gram group. Among births under 1500 grams, the rate has narrowed from 11% lower for minorities than whites in 1970-74 to 5% lower in 1980-84 while for births between 1500-2499 grams, the rate has changed from 39% lower in 1970-74 to 35% lower in 1980-84. For births of 2500 grams or more, there has also been a reduction in the gap although in a favorable direction for minorities. In the 1970-74 period, the rate was 21% higher for minorities, declining to 16% higher in 1975-79, and to 5% higher in 1980-84.

Despite the lower birthweight-specific neonatal death rates, minorities continue to have overall neonatal death rates almost twice those for whites. Buescher (14) shows that the higher overall neonatal death rate for minorities is due to lower minority birthweights. Compared to a white percent of 6.1, the percent of minority births under 2500 grams was nearly twice as high at 12.0 in the 1980-84 period. For births under 1500 grams, where neonatal mortality is especially high, the minority percent was almost two and one half times the white percent. If minority births had the same weight distribution as whites in 1980-84, the minority neonatal rate would have been 6.2 deaths per 1,000 live births compared to 7.1 for whites, assuming no change in the weight-specific death rates. At the rate of 6.2 as opposed to the actual rate of 13.1, about 900 fewer minority neonatal deaths would have occurred in the 5-year period.

Tables 20 and 21 display neonatal mortality rates and ratios by education and birthweight. These data are summarized below:

- Within most birthweight and education groups, both whites and minorities exhibited steady declines in their neonatal mortality rates from the 1970-74 to the 1980-84 periods.
- For the under-2500 gram groups, minorities in most education groups experienced lower neonatal death rates. The exceptions were the 13-15 and 16+ education groups for births under 1500 grams, where whites for the first time in 1980-84 experienced a **lower** mortality rate than minorities.
- For each 5-year period, no consistent patterns of neonatal mortality for the under-1500 and 1500-2499 gram groups are exhibited for either race group as education improved, suggesting that the neonatal mortality due to low birthweight overwhelms the effect of education.
- For the 2500 or more gram group, race ratios for each education group have fluctuated since the 1970-74 period. During 1980-84, minorities with the least education had lower neonatal mortality rates than their white counterparts. Within the 16+ minority group, rates are based on small numbers of events. Examining infant instead of neonatal deaths, minority and white infants who weighed 2500 grams or more at birth and who were born to mothers with at least 16 years of education had comparable mortality rates in the 1980-84 period (2.7 versus 2.8). However, 1980-84 was the first period that minorities had a comparable rate, as it was 58% higher than whites in the 1970-74 period and 23% higher in the 1975-79 period.

Postneonatal Deaths. Postneonatal mortality is considered to be more reflective of living conditions, quality of care for children, and medical care for treatable conditions such as infections (1). As infant deaths have declined, the contribution of deaths during the postneonatal period to overall infant mortality has been systematically increasing. In the 1970-74 period, postneonatal deaths accounted for 25.8% of all infant deaths, increasing to 28.6% in the 1975-79 period, and to 31.8% in the 1980-84 period.

Table 22 displays postneonatal mortality rates by education level, race, and year. It is interesting to note that there has been a 27% decline in the gap (RR = 2.6 in 1970-74 and 1.9 in 1980-84) due primarily to a 37% reduction in the minority rate. The narrowing of racial gaps has occurred in all education groups except 13-15 where neither race has improved.

As with neonatal deaths, birthweight is an important factor in the analysis of postneonatal mortality. For both whites and minorities, Table 23 shows that in each 5-year interval infants who survived the first month of life had a greater risk of dying if they weighed under 2500 grams. Further, in the under-2500 gram groups, minorities had a greater risk of postneonatal death than whites, but the excess risk in the 1500-2499 group was only 10% in 1980-84.